

PATENT APPLICATION SERIAL NO. 10/530521

Rec'd PCT/PTO 07 APR 2005

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

04/12/2005 HKAYPAGH 00000114 10530521

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP
04 FC:1615	450.00 OP

09/01/2005 BCAMPBEL 00000003 10530521

01 FC:1642 400.00 OP

Adjustment date: 09/01/2005 BCAMPBEL
04/12/2005 HKAYPAGH 00000114 10530521
02 FC:1632 -500.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/31/05</u>		2 Serial/Patent # <u>10/530521</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$100. ⁰⁰ / _{KK}							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">8</td> </tr> </table>			0	2	--	2	4	4	8
0	2	--	2	4	4	8					
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara B</u>		TITLE: _____									
SIGNATURE: <u>[Signature]</u>		PHONE: _____									
OFFICE: <u>PT</u>		<small>Repln. Ref: 09/01/2005 BCAMPBEL 0015540600</small> <small>NAME: BARBARA B. CAMPBELL</small> <small>FC: 9284</small>									
<small>***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****</small> <div style="float: right; text-align: right;"><small>\$100.00 CR</small></div>											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: